



MISSOURI DEPARTMENT OF REVENUE
DIVISION OF TAXATION AND COLLECTION
PROTEST PAYMENT AFFIDAVIT

FORM
MO-PPA
(REV. 9-2004)

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This form is to be used for filing an Income Tax Protest Payment in accordance with Section 143.631, RSMo. This form must be completed for each protest payment made. Return a completed copy to Division of Taxation and Collection, P.O. Box _____, Jefferson City, Missouri 65105-_____.
(Individual—P.O. Box 385; Corporation—P.O. Box 3365; Withholding—P.O. Box 3375; Fiduciary—P.O. Box 3815)

A PROTEST CLAIM IS BEING PRESENTED BY		TAX PERIOD
NAME/BUSINESS NAME		SOCIAL SECURITY NUMBER
ADDRESS		MITS NUMBER
CITY, STATE, ZIP CODE	PHONE NUMBER	FEIN NUMBER
AMOUNT DUE	AMOUNT PAID	

TAX TYPE BEING PROTESTED
☐ INDIVIDUAL ☐ CORPORATION ☐ WITHHOLDING ☐ FIDUCIARY

TYPE	AMOUNT DUE AS SHOWN ON NOTICE OF DEFICIENCY	AMOUNT BEING PROTESTED	BALANCE DUE
1. TAX			
2. INTEREST			
3. ADDITIONS TO TAX			
4. PENALTY			
TOTAL AMOUNTS			

I PROTEST FOR THE FOLLOWING REASON: (USE ATTACHMENT IF NECESSARY) _____

I SWEAR OR AFFIRM THAT THE INFORMATION REPORTED IN THIS FORM AND ANY ATTACHED SUPPLEMENTS IS TRUE AND CORRECT AS TO EVERY MATERIAL MATTER.

SIGNATURE OF TAXPAYER OR AGENT	PHONE NUMBER	TITLE	DATE
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NOTARY

NOTARY PUBLIC EMBOSSER SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	20
	USE RUBBER STAMP IN CLEAR AREA BELOW	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

BUREAU USE ONLY

DISPOSITION	REASON	DATE
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